

471-000-504 Nebraska Medicaid Practitioner Fee Schedule for Ambulance Services

For billing instructions, see Appendix 471-000-53 at <http://dhhs.ne.gov/Documents/471-000-53.pdf>

Medicaid ambulance coverage is for emergency transports only. Non-emergency transports are scheduled through a transportation broker. Go to <http://dhhs.ne.gov/medicaid/Documents/471-000-503-14.pdf> for information on non-emergency transportation.

TO DETERMINE THE FEE SCHEDULE ALLOWABLE:

1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically. The online PDF format has a search feature which will bring you directly to the code you wish to view.
2. The modifier indicates the originating point and the delivery point, e.g., nursing home to hospital, hospital to hospital.
3. PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect their charge to the general public.

All claims are subject to pre and post payment review. All ambulance companies should include the original billing transport form so it can be determined if it is an actual emergency.

The companies may have the families sign an Advance Beneficiary Notice (ABN) prior to transportation. The families can then be billed if the service is not covered by Medicaid.

For more information on ambulance services, see the Nebraska Medicaid policy, NAC 4-000: Ambulance Services at [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-04.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-04.pdf)

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS website at <http://cms.hhs.gov/>. HCPCS procedure code manuals are available through private vendors.

| CODE     | MOD | DESCRIPTION  | PA | COMMENTS   | COPAY | MEDICAID ALLOWABLE |
|----------|-----|--|----|--|-------|--------------------|
| 000A0420 |     | AMBULANCE WAITING TIME (ALS OR BLS), ONE-HALF HOUR INCREMENTS                      |    |  |       | \$16.22            |
| 000A0424 |     | EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)                    |    | Requires Documentations supporting extra attendant needed. |       |                    |
| 000A0425 |     | GROUND MILEAGE, PER STATUTE MILE   |    |  |       | \$5.58             |
| 000A0426 |     | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1) |    |  |       | \$340.62           |

|             |            |   |           |                 |              | <b>MEDICAID</b>  |
|-------------|------------|---|-----------|-----------------|--------------|------------------|
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| 000A0427    |            | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 - EMERGENCY)            |           |                 |              | \$340.62         |
| 000A0428    |            | AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)                                 |           |                 |              | \$136.24         |
| 000A0429    |            | AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)                            |           |                 |              | \$167.06         |
| 000A0430    | II         | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)                         |           |                 |              | \$1700.72        |
| 000A0431    | II         | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)                        |           |                 |              | \$973.20         |
| 000A0433    |            | ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)  |           |                 |              | \$340.62         |
| 000A0434    |            | SPECIALTY CARE TRANSPORT (SCT)  |           |                 |              | \$340.62         |
| 000A0435    |            | FIXED WING AIR MILEAGE, PER STATUTE MILE  |           |                 |              | \$11.35          |
| 000A0435    | II         | FIXED WING AIR MILEAGE, PER STATUTE MILE  |           |                 |              | \$11.35          |
| 000A0436    |            | ROTARY WING AIR MILEAGE, PER STATUTE MILE   |           |                 |              | \$22.70          |
| 000A0888    |            | NON-COVERED AMBULANCE MILEAGE, PER MILE (E.G. FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY) |           |                 |              |                  |
| 000A0999    |            | UNLISTED AMBULANCE SERVICE  |           | Not Covered     |              |                  |